

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727517

FILED
May 13, 2009
Secretary of State

Entity Name: SUGAR BEACH OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

8727 THOMAS DR
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

8727 THOMAS DR
PANAMA CITY, FL 32408

New Mailing Address:

FEI Number: 59-1469171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY, FL 32401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, CHARLES
Address: 700 OLD ROSWELL LAKES PKWY, STE 220
City-St-Zip: ROSWELL, GA 33076

Title: VP () Delete
Name: MCKINNEY, HARREL
Address: 3009 HIGHFIELD DR
City-St-Zip: MONTGOMERY, AL 36111

Title: D () Delete
Name: HERNDON, JOYCE
Address: PO BOX 6167
City-St-Zip: WARNER ROBINS, GA 31095

Title: P () Delete
Name: CURETON, ROY
Address: PO BOX 1543
City-St-Zip: COLUMBUS, GA 31902

Title: D () Delete
Name: LAWSON, SWAN JR
Address: 2309 E DOUBLEGATE DR
City-St-Zip: ALBANY, GA 31721

Title: D () Delete
Name: DEMATTEO, TONY
Address: 608 EASTBROOK RD
City-St-Zip: ESTILL SPRINGS, TN 37330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIXIE N. WILLIAMS

MGR.

05/13/2009

Electronic Signature of Signing Officer or Director

Date